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APPLICANTS

Simon C. Chu, Chapel Hill, NC;
 Richard A. Dayan, Raleigh, NC;
 Brandon J. Ellison, Raleigh, NC;
 Eric R. Kern, Durham, NC;
 William B. Schwartz, Apex, NC;
 Adam L. Soderlund, Bahama, NC;

SP

** CONTINUING DATA *****

none of

** FOREIGN APPLICATIONS *****

none of

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 6	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>SP</i> Initials			

ADDRESS

IBM Corporation
 Intellectual Property Law Dept. 9CCA/B002
 P.O. Box 12195
 Res. Tri. Park, NC27709

TITLE

Node removal using remote back-up system memory

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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